

EMPLOYMENT APPLICATION FOR ROCKPORT POLICE DEPARTMENT

The Rockport Police Department is an equal opportunity employer

To: John Horvath, Chief of Police Rockport Police Department 168 Main Street Rockport, MA 01966 978-546-1212

Town of Rockport Police Department AGREEMENT

Carefully read each statement below, and after having the form notarized, return it by the date requested.

- I swear (or affirm) that the information I have caused to be entered into the preceding pages of this Application and Personal History Statement for employment with the Rockport Police Department is true and complete.
- I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
- I understand that this Application and Personal History Statement is but one element of the selection process for employment with the Rockport Police Department, and that an acceptable background investigation does not guarantee employment.
- I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or termination from employment with the Rockport Police Department.

Applicant's full Name (type or print	legibly):
Applicants Signature:	
Home Address:	
Date:	
Before me appeared the above nam Who acknowledged to me that he/sh	ned,ned, sealed and delivered this agreement the use and purpose therein expressed.
In Witness Whereof, I have herein se This day of	et my hand and official seal,

It is unlawful in Massachusetts to require or administer a polygraph as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL c149 s19b).

Rockport Police Department 168 Main Street, Rockport, MA 01966 (978) 546-1212 AUTHORIZATION FOR RELEASE OF INFORMATION

(Print clearly in ink or type)
PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:

Last Name	First Name	, A	Middle Initial
PREVIOUS NAME OR ALIAS:			· · · · · · · · · · · · · · · · · · ·
RESIDENTIAL ADDRESS:(Not a Post Office Box)		reet	
		01.1.	7:- 0-1-
MAILING ADDRESS (if different)_	City/Town	State	Zip Code
HAVE YOU EVER RESIDED IN A			
SOCIAL SECURITY NO.:	DRIVERS	LICENSE NO.:	College Control on the Control of
DATE OF BIRTH:///	PLACE OF	BIRTH:	
I,	, do hereby authorize a NY duly authorized agen al nature.	review of and a full disclosure at of the Rockport Police Depa	e of all records, or any par artment, whether the said
The intent of this authorization is to give institutions, financial or credit institution savings accounts, and loans, and also ratings); public utility companies; emploratings, complaints or grievances where statement and records, and other finances.	s, including records of de the records of commercial syment and pre-employme ever filed by me or against cial statements and record	posits, withdrawals and balan lor retail credit agencies (incl ent records, including backgro t me, and salary records; real is wherever filed; records of c	ices of checking, and uding credit reports and/or und reports, efficiency and personal property tax complaint, arrest, trial,
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, whinterest.	violations of the law, inclu	ding criminal, civil and/or traff ocated, and to include the rec	fic records; records of ords and recollections of
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, wh	violations of the law, inclugating me, wheresoever kether representing me or tof this authorization is to burpose of pursuing a but to consider in determining ersonal information, howe	ding criminal, civil and/or traff ccated, and to include the rec another person in any case in provide full and free access background investigation which a my suitability for employme	fic records; records of ords and recollections of a which I presently have a to the background and the may provide pertinent and by that department. It is
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, whiterest. I reiterate, and emphasize that the intenhistory of my personal life, for the specificata for the Rockport Police Department my specific intent to provide access to p	violations of the law, inclugainst me, wheresoever kether representing me or tof this authorization is to ic purpose of pursuing a but to consider in determining ersonal information, hower in. ed by a personal history belease authorization will but artment. I understand tha	ding criminal, civil and/or trafficated, and to include the reclamble person in any case in provide full and free access background investigation which g my suitability for employmenter personal or confidential it ackground investigation which e considered in determining ret all materials pertaining to the	fic records; records of ords and recollections of a which I presently have as to the background and the may provide pertinent at by that department. It is may be, and the sources this developed directly or my suitability for is background
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, whinterest. I reiterate, and emphasize that the intenhistory of my personal life, for the specifidata for the Rockport Police Department my specific intent to provide access to pof information specifically identified here. I understand that any information obtains indirectly, in whole or in part, upon this reemployment by the Rockport Police Dep	violations of the law, inclugations me, wheresoever kether representing me or tof this authorization is to ic purpose of pursuing a bit to consider in determining ersonal information, hower in. The dot of this authorization will be artment. I understand that Rockport Police Department eperson to whom this reand expenses, including relerstand that in the event in the	ding criminal, civil and/or traffocated, and to include the reclanother person in any case in provide full and free access tackground investigation whice wer personal or confidential it ackground investigation whice considered in determining reclaim and will not be returned to quest is presented and his age assonable attorney's fees, ar	fic records; records of ords and recollections of a which I presently have an to the background and the may provide pertinent and by that department. It is may be, and the sources the is developed directly or my suitability for its background to me. The provided is the sources of the sources are the sources of the sour
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, whiterest. I reiterate, and emphasize that the intendistory of my personal life, for the specificata for the Rockport Police Department my specific intent to provide access to post information specifically identified here. I understand that any information obtains indirectly, in whole or in part, upon this reemployment by the Rockport Police Depinvestigation become the property of the lagree to indemnify and hold harmless than dagainst all claims, damages, losses complying with this request. I further understant and access to the property of the lagree to indemnify and hold harmless than dagainst all claims, damages, losses complying with this request.	violations of the law, inclugations me, wheresoever kether representing me or tof this authorization is to to consider in determining a but to consider in determining and the consider in determining and the personal information, howe in. The day a personal history be elease authorization will be artiment. I understand that Rockport Police Department person to whom this reand expenses, including release authorization will be action to the event of the person to whom the reand expenses, including releases the total to	ding criminal, civil and/or traffocated, and to include the reclanother person in any case in provide full and free access tackground investigation whice wer personal or confidential it ackground investigation whice considered in determining reclaim and will not be returned to quest is presented and his agrees an application is disapproved	fic records; records of ords and recollections of a which I presently have an to the background and the may provide pertinent and by that department. It is may be, and the sources the is developed directly or any suitability for its background to me. Jents and employees, from ising out of or by reason of the sources of
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, whiterest. I reiterate, and emphasize that the intentistory of my personal life, for the specificata for the Rockport Police Department my specific intent to provide access to pof information specifically identified here. I understand that any information obtains indirectly, in whole or in part, upon this reemployment by the Rockport Police Depinvestigation become the property of the lagree to indemnify and hold harmless thand against all claims, damages, losses complying with this request. I further und confidential information cannot be revealed understand a photocopy of this release.	violations of the law, inclugating the wheresoever knether representing me or the first authorization is to the consider in determining a but to consider in determining and the consider the constant that the constant the person to whom this reand expenses, including release authorization the event in the constant that in the constant that in the constant that	ding criminal, civil and/or traffocated, and to include the reclanother person in any case in provide full and free access tackground investigation whice wer personal or confidential it ackground investigation whice considered in determining reclaim and will not be returned to quest is presented and his agrees an application is disapproved	fic records; records of ords and recollections of a which I presently have an to the background and the may provide pertinent and by that department. It is may be, and the sources the is developed directly or any suitability for its background to me. Jents and employees, from ising out of or by reason of the sources of
and/or convictions for alleged or actual complaint of a civil nature made by or a attorneys at law, or of other counsel, whiterest. I reiterate, and emphasize that the intentistory of my personal life, for the specificata for the Rockport Police Department my specific intent to provide access to pof information specifically identified here. I understand that any information obtains indirectly, in whole or in part, upon this reemployment by the Rockport Police Depinvestigation become the property of the lagree to indemnify and hold harmless thand against all claims, damages, losses complying with this request. I further und confidential information cannot be revealed understand a photocopy of this release contain an original writing of my signature	violations of the law, inclugatinst me, wheresoever kether representing me or the of this authorization is to ic purpose of pursuing a bit to consider in determining ersonal information, howering a personal history belease authorization will be artment. I understand that Rockport Police Department expenses, including released to me. form will be valid as an original property of the control of	ding criminal, civil and/or traffocated, and to include the reclanother person in any case in provide full and free access tackground investigation which were personal or confidential it ackground investigation which is ackground investigation which is ackground investigation which is all materials pertaining to the entitle and will not be returned to quest is presented and his agreement is presented	fic records; records of ords and recollections of a which I presently have an to the background and the may provide pertinent and by that department. It is may be, and the sources the is developed directly or any suitability for its background to me. Jents and employees, from ising out of or by reason of the sources of

Rockport Police Department 168 Main Street Rockport, MA 01966

Date:

Rockport, MA 01966 plication and Personal History Statement- Position applied for:

	Last Name:	:		First:			M1	JR, SR,ETC
•								
	4 Place of	f Birth (L's	e the two le	tter code for I	the state.			
	4.711100							
	CITY:			State		Country:) by a former marriage
	adoption, et	c.						i) by a former marriage, a
	NAME				_Date(s) when	n used		
	NAME				_Date(s) when	n used		
	NAME				_Date(s) wher	n used		
	6. IDENTIF	YING INF	ORMATIC	N:	-			
	Height	,	W	eight		ŀ	lair color_	·
marks:	Sex: Male	Female	Scar	s, Tattoos, or t	other Distingu	ishing		
	7. Telephone	Numbers/	Email Add	ress:				e
	Home:	CC INCOR	NIATION.	Work:		······································		
~	8. RESIDEN Fill in your a day. If you att	CE INFOR	MATION: every place of away fro	you have live m your permit t a person who and address o	d, beginning wanent residence knew you at fithe person re	ith the prese e, list the add that address, esponsible for	nt and wor dress you li preferably collecting	king backward since your wed at while attending sch someone who still lives in rent.
For any a hat area.	B. RESIDEN Fill in your a day. If you att ddress in the f If you rented,	CE INFOR ddress for ended scho past three (i please give	MATION: every place ol away fro 3) years, lis e the name	you have live om your perma t a person who and address o	d, beginning wanent residence of knew you at fithe person re	ith the prese e, list the add that address, esponsible for knows you_	nt and wor dress you liv preferably collecting	king backward since your wed at while attending sch someone who still lives in rent.
For any aching the second seco	8. RESIDEN Fill in your a day. If you att ddress in the f If you rented, month/year	CE INFOR ddress for e ended scho past three (i please give	MATION: every place ol away fro 3) years, lis the name	you have live m your permit a person who and address o Name o	d, beginning wanent residence of knew you at fithe person reof person who Address	ith the prese e, list the add that address, esponsible for knows you_	nt and wor dress you li preferably collecting	king backward since your wed at while attending sch someone who still lives in rent.
For any action and the second and the second area.	B. RESIDEN Fill in your a day. If you att ddress in the f If you rented,	CE INFOR ddress for e ended scho past three (i please give	MATION: every place ol away fro 3) years, lis the name	you have live m your permit a person who and address o Name o	d, beginning wanent residence of knew you at fithe person reof person who Address ate/Zip	ith the prese e, list the add that address, esponsible for knows you_	nt and wor dress you li preferably collecting	king backward since your wed at while attending sch someone who still lives in rent.
For any action and action and action	8. RESIDEN Fill in your a day. If you att ddress in the p If you rented, month/year lress /Zip	CE INFOR ddress for ended scho past three (i please give Tomo	MATION: every place ol away fro 3) years, lis the name nth/year	you have live myour permita person who and address o Name of Street City/St Teleph	d, beginning wanent residence of knew you at fifthe person who Address ate/Zipone number	tith the prese e, list the add that address, esponsible for knows you	nt and wor dress you li preferably collecting	king backward since your wed at while attending sch someone who still lives in rent.
For any authat area. I. From Street add City/State/ I. From	8. RESIDEN Fill in your a day. If you att ddress in the p If you rented, month/year lress /Zip	CE INFOR ddress for ended scho past three (; please give	MATION: every place ol away fro 3) years, lis the name nth/year	you have live myour permit a person who and address o Name of City/St Teleph Name of	d, beginning wanent residence of knew you at fithe person who Address ate/Zip one number who Address	tith the prese e, list the add that address, esponsible for knows you	nt and wor dress you li preferably collecting	king backward since your ved at while attending sch v someone who still lives in rent.
For any all hat area. I. From Street add City/State/ . From Street add	8. RESIDEN Fill in your a day. If you att ddress in the p If you rented, month/year lress /Zip	CE INFOR ddress for ended scho past three (; please give	MATION: every place ol away fro 3) years, lis the name nth/year	you have live myour permit a person who and address o Name of Street A City/St Teleph Name of Street A City/St	d, beginning wanent residence of knew you at fithe person who Address ate/Zip one number who Address	tith the prese e, list the add that address, esponsible for knows you	nt and wor dress you li preferably collecting	king backward since your wed at while attending sch someone who still lives in rent.
For any achieves. From Street add City/State/ From treet add:	8. RESIDEN Fill in your a day. If you att ddress in the f If you rented, month/year lress /Zip	CE INFOR ddress for e ended scho onst three (i please give	MATION: every place ol away fro 3) years, lis the name nth/year	you have live myour permit a person who and address o Name of Street City/St Teleph Name of City/St Telepho	d, beginning wanent residence of knew you at fithe person who Address ate/Zip_one number	knows you_	nt and wor dress you li preferably collecting	king backward since your ved at while attending sch someone who still lives in rent.
For any achat area. I. From Street add City/State/ I. From Citreet addi City/State/ I. From	8. RESIDEN Fill in your a day. If you att ddress in the f If you rented, month/year lress /Zip month/year ress /Zip month/year	CE INFOR ddress for e ended scho onst three (i please give TomoTomoTumon	MATION: every place of away fro 3) years, fis the name nth/year	you have live my your perma ta person who and address o Name o Street A City/St Teleph Name o Street A City/St Telepho	d, beginning wanent residence of knew you at fithe person who Address ate/Zip_one number	knows you_	nt and wor dress you li preferably collecting	king backward since your ved at while attending sch someone who still lives in rent.
For any activate and active add active add active add active add active add active add active active add active ac	8. RESIDEN Fill in your a day. If you att ddress in the f If you rented, month/year lress /Zip	CE INFOR ddress for e ended scho onst three (i please give TomoTomoTumon	MATION: every place of away fro 3) years, fis the name nth/year	you have live my your perma ta person who and address o Name o Street A City/St Teleph Name o Street A City/St Telepho	d, beginning wanent residence of knew you at fife person who Address ate/Zip one number figers on who haddress ate/Zip one number figers on who haddress ate/Zip one number figers on who haddress ate/Zip one number address ate/Zip one number address ate/Zip	knows you_	nt and wor dress you li preferably collecting	king backward since your ved at while attending sch someone who still lives in rent.
For any activate and activ/State/ From Street add:	8. RESIDEN Fill in your a day. If you att ddress in the f If you rented, month/year less /Zip month/year ress /Zip month/year	CE INFOR ddress for ended scho onst three (i. please give To	MATION: every place of away fro 3) years, fis e the name onth/year	you have live myour permit a person who and address o Name of Street A City/St Telepho Name of Street A City/St Telepho Name of Street A City/St Telepho	d, beginning wanent residence of knew you at fitte person who Address ate/Zip one number fiperson who I ddress tie/Zip one number fiperson who I ddress tie/Zip one number fiperson who I ddress tie/Zip one number fiperson who known the number fiperson who known the fiperson w	knows you	nt and wor dress you li- preferably collecting	king backward since your ved at while attending sch someone who still lives in rent.
For any activate and activity state. Street addicity/State. Street addicity/State. From	8. RESIDEN Fill in your a day. If you att ddress in the f If you rented, month/year lress /Zip month/year ress /Zip month/year	CE INFOR ddress for ended schoonst three (i. please give	MATION: every place of away fro 3) years, fis the name onth/year	you have live myour perma ta person who and address o Name of Street A City/Sta Telepho Name of Street A City/Sta Telepho Name of Street A City/Sta Telepho Name of Street A City/Sta	d, beginning wanent residence of knew you at fitte person who Address ate/Zip_one number_ f person who I address_ate/Zip_one number_ f person who I address_tte/Zip_one number_ f person who I address_tte/Zip_one number_	knows you	nt and wor dress you li- preferably collecting	king backward since your ved at while attending sch someone who still lives in rent.

Λ.	ICATI	A

Fill in information about schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes: 1 = HIGH SCHOOL, 2 = COLLEGE/UNIVERSITY, 3 = VOCATIONAL/TRADE SCHOOL.

	Elementary	High	College/University	Graduate/Professional
School Name				
Street Address and City of School				
Years Completed (circle)	45678	9 10 11 12	1 2 3 4	1 2 3 4
Dates Attended	7 3 0 7 0	10 10 (1 12	1.5 0 7	7 2 3 7
Diploma/Degree (include date)	 			
Code		1		
Name of person who knew you including street address and Telephone number. (past 3 years only)				
Honors Received	· ·			

	ACADEMIC RECORD. Have you ever been suspended or school? (Post –secondary schools is schools – any formal education bey circumstances).	include two and	four year colleges.	universities and busines	ss and vocational le school, date(s) and YESN
					
					
1	EMPLOYMENT ACTIVITIES. Fill in your employment activities, bunclude ALL FULL-TIME AND PA	eginning with th	ne present (#1) and RK, ALL PAID WOR	working backward ten (1 K, ANY SELF-EMPLOY	IO) years. PLEASE MENT, ALL
i	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PA PERIODS OF UNEMPLOYMENT, A	ART-TIME WOF ACTIVE MILITA	RK, ALL PAID WOR RRY DUTY AND VO	KK, ANY SELF-EMPLOY	MENT, ALL
1	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PA PERIODS OF UNEMPLOYMENT, A FromTo Month/Year Month/Year	ART-TIME WOF ACTIVE MILITA Exact	RK, ALL PAID WOR RY DUTY AND VC	KK, ANY SELF-EMPLOY DLUNTEER WORK.	MENT, ALL
1	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PA PERIODS OF UNEMPLOYMENT, A	ART-TIME WOR ACTIVE MILITA Exact Stree	RK, ALL PAID WOR RY DUTY AND VO Title of Position Address of Employ	K, ANY SELF-EMPLOY DLUNTEER WORK.	MENT, ALL
1	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PA PERIODS OF UNEMPLOYMENT, A FromTo Month/Year Month/Year	ART-TIME WOF ACTIVE MILITA Exact Street Telep	RK, ALL PAID WOR RY DUTY AND VO Title of Position Address of Employ hone Number of En	KK, ANY SELF-EMPLOY DLUNTEER WORK.	MENT, ALL
1	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PAPERIODS OF UNEMPLOYMENT, A FromTo Month/Year Month/Year Name of Employer	ART-TIME WOF ACTIVE MILITA Exact Street Telep Telep	RK, ALL PAID WOR RY DUTY AND VO Title of Position Address of Employ hone Number of En	K, ANY SELF-EMPLOY DLUNTEER WORK. yer	MENT, ALL
i	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PAPERIODS OF UNEMPLOYMENT, A FromToToMonth/Year Month/Year Month/Year Name of EmployerName & Title of SupervisorReason for Leaving Employment	ART-TIME WOF ACTIVE MILITA Exact Street Telep Telep	RK, ALL PAID WOR RY DUTY AND VO Title of Position I Address of Employ hone Number of Enhone Number of Su	K, ANY SELF-EMPLOY DLUNTEER WORK. yer	MENT, ALL
i	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PAPERIODS OF UNEMPLOYMENT, A FromTo To Month/Year Month/Year Month/Year Name of Employer Name & Title of Supervisor Reason for Leaving Employment	ART-TIME WOF ACTIVE MILITA Exact Street Telep Telep	RK, ALL PAID WOR RY DUTY AND VO Title of Position Address of Employ hone Number of En hone Number of Su Title of Position	K, ANY SELF-EMPLOY PLUNTEER WORK. yer nployer pervisor	MENT, ALL
1	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PAPERIODS OF UNEMPLOYMENT, A FromToToMonth/Year Month/Year Month/Year Name of EmployerName & Title of SupervisorReason for Leaving Employment	ART-TIME WOF ACTIVE MILITA Exact Street Telep Telep	RK, ALL PAID WOR RY DUTY AND VO Title of Position Address of Employ hone Number of En hone Number of Su Title of Position	K, ANY SELF-EMPLOY PLUNTEER WORK. yer nployer pervisor	MENT, ALL
i	Fill in your employment activities, be INCLUDE ALL FULL-TIME AND PAPERIODS OF UNEMPLOYMENT, A FromTo To Month/Year Month/Year Month/Year Name of Employer Name & Title of Supervisor Reason for Leaving Employment	ART-TIME WOF ACTIVE MILITA Exact Telep Telep Telep Street Telep Telep Telep Telep	RK, ALL PAID WOR RY DUTY AND VO Title of Position I Address of Employ hone Number of En hone Number of Su Title of Position Address of Employ one Number of Employ	K, ANY SELF-EMPLOY PLUNTEER WORK. yer nployer pervisor	MENT, ALL

#3	FromTo	Exact Title of Position
	Month/Year Month/Year	· · · · · · · · · · · · · · · · · · ·
	Name of Employer	Street Address of Employer
		Telephone Number of Employer
	Name & Title of Supervisor	Telephone Number of Supervisor
	Reason for Leaving Employment	
#4	FromTo Month/Year Month/Year	Exact Title of Position
	Name of Employer	Street Address of Employer Telephone Number of Employer
		Telephone Number of Employer
	Name & Title of Supervisor	Telephone Number of Supervisor
	Reason for Leaving Employment	
<i>\$</i> 5	FromTo	Exact Title of Position
•	Month/Year Month/Year	•
	Name of Employer	Street Address of Employer
		Telephone Number of Employer
	Name & Title of Supervisor Reason for Leaving Employment	Telephone Number of Supervisor
10a.	EXTENDED ABSENCE FROM EMP	LOYMENT.
	Have you had any extended work ab	sences for reasons other than earned vacations?
	If "YES", please explain (include who	en, name of employer, circumstances).
		, , , , , , , , , , , , , , , , , , , ,
		,
		,
11.	OUTSIDE ACTIVITIES	to have considered as reflecting favorably on your reputation for
	leadership, responsibility, honesty and	d interrity (response is optional).
	leadership, responsibility, nonesty ark	I littegitty (response to spassing).
# 1	to Activity	
# !	Manth Many Manth Mans	
	Location of Activity (City/County/State)
\$ 2	to Activity	
	Month/Year Month/Year	•
	Location of Activity (City/County/State	
e۵	to Activity	
#3		
	Month/Year Month/Year	
	Location of Activity (City/County/State)	
	FOREIGN COUNTRIES YOU HAVE V	AOITEN
12.	FOREIGN COUNTRIES YOU HAVE V	beginning with the most recent (#1), and working backward (10) years.
	List foreign countries you have visited,	Howing: 1 = Business, 2 = Pleasure, 3 = Education, 4 = Other.
	In the "CODE" block, use one of the fol	nowing: 1 = business, 2 = Fleasure, 5 = Education, 4 = Strict.
		Code
#1	to Country	Code
	Month/Year Month/Year	
	· _	Code
\$2 .	toCountry	Code
	Month/Year Month/Year	
		^. 2.
#3	to Country Month/Year Month/Year	Code

13. MILITARY HIST	ORY						
A. Are you re	gistered for Select	ive Service	?			YE	sN
lf "YES", ple Selective S	ease provide: ervice Number	Lo	cal Board Number	C	ity	St	ate
B. Have you so Have you so If your answ	erved in the United erved in the United	d States Mil I States Me ns is "NO",	itary? rchant Marine? go to question 14.			YE	sN
C. Starting with Service into 4 = Marine C after the app	the most current the table below. I	(#1) and wo n the *COD Guard, 6 = N or example	orking backward, er PE" block, use one of Merchant Marine, 7 – Army Reserve wo	of the following = National Gu	g: 1 = Air Foi ard (For Re:	ce, 2 = Army serves, place	, 3 ≍ Navy, an "R",
Month/Yr.	Code	Rank	None Active	Active	National	Inactive	Retired
		ļ	Duty	Reserve	Guard	Reserve	ļ
#1 to		 	 		 	 	
#2 to		 	1	 	+	 	
#4 to			 	 	 	 	
						···	
been marrie though a rela If you have b	s must give comple d more than once, itive is deceased, i een reared by son	give the re give all the reone other	tion concerning thei quested information information request than your parents,	n concerning e ed and indica the requested	each former te last reside d information	husband or w ence and year n should be fu	ife. Even r of death. rnished
All applicants been marrie though a rela If you have b concerning the in the near fu	s must give comple d more than once, rtive is deceased, i een reared by son nem, as well as you ture, completed in	give the re give all the neone other ur natural p formation n	quested information information request than your parents, arents. If you are enust be included for	n concerning e ed and indica the requested ingaged to be your future sp	each former te last reside d information married or c pouse.	husband or w ence and year n should be fu	ife. Even r of death. rnished
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC	s must give comple d more than once, rtive is deceased, reen reared by son nem, as well as you ture, completed in CLUDING MIDDLE	give the re give all the neone other ur natural p formation n	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI	n concerning of ed and indica the requester ingaged to be your future sp PLETE ADDR	each former te last reside d information married or d pouse. ESS	husband or wence and year a should be fu contemplating	ife. Even r of death. rnished
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC	s must give comple d more than once, rtive is deceased, reen reared by son nem, as well as you ture, completed in CLUDING MIDDLE	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI	n concerning of ed and indica the requestering ged to be your future specific ADDR p to You	each former te last reside d information married or d pouse. ESS	husband or wence and years should be functional from the functions of the	ife. Even r of death. rnished marriage
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC Name	s must give comple d more than once, rtive is deceased, reen reared by son nem, as well as you ture, completed in CLUDING MIDDLE	give the re give all the neone other ur natural p formation m	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI	n concerning e ed and indica the requester ingaged to be your future sp PLETE ADDR p to You	each former te last reside d information married or d pouse.	husband or wence and years should be functional befund the functions on templating	ife. Even r of death. rnished marriage
All applicants been marrie though a rela If you have b concerning th in the near fu COMPLETE NAME, INC Name	s must give comple d more than once, tive is deceased, een reared by son nem, as well as you ture, completed in CLUDING MIDDLE	give the re give all the neone other ur natural p formation m	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State	n concerning e ed and indica the requester ingaged to be your future sp PLETE ADDR p to You Tel. #	each former te last reside d information married or d pouse.	husband or wence and years should be functional before the should be for the s	ife. Even r of death. rnished marriage
All applicants been marrie though a rela If you have b concerning th in the near fu COMPLETE NAME, INC Name	s must give comple d more than once, tive is deceased, een reared by son nem, as well as you ture, completed in CLUDING MIDDLE	give the re give all the neone other ur natural p formation m	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State	n concerning e ed and indica the requester ingaged to be your future sp PLETE ADDR p to You Tel. #	each former te last reside d information married or d pouse.	husband or wence and years should be functional before the should be for the s	ife. Even r of death. rnished marriage
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC Name	s must give comple d more than once, rtive is deceased, een reared by son nem, as well as you rture, completed in CLUDING MIDDLE Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State Supervisor/Co-Wor	n concerning e ed and indica the requester ingaged to be your future sp PLETE ADDR p to You Tel. #	each former te last reside d information married or coouse. ESS	husband or wence and years should be fucontemplating	ife. Even r of death. rnished marriage
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC Name	s must give comple d more than once, rtive is deceased, een reared by son nem, as well as yo iture, completed in CLUDING MIDDLE Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State Supervisor/Co-Wor	n concerning ed and indica the requested in a concerning ed and indica the requested in a concerning ed and indica the requested in a concerning ed and indicate the requested in a concerning educate the requested educate the req	each former te last reside d information married or coouse. ESS	husband or wence and years should be fuce the function of the	ife. Even r of death. rnished marriage
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC Name	s must give comple d more than once, rtive is deceased, een reared by son nem, as well as yo iture, completed in CLUDING MIDDLE Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State Supervisor/Co-Wor	n concerning ed and indica the requester ingaged to be your future specified by the requester ingaged to be your future specified by the requester in the reque	each former te last reside d information married or coouse. ESS	husband or wence and years should be fuce the function of the	ife. Even r of death. rnished marriage
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC Name Birth Date Doccupation and Employ Name Sirth Date	s must give comple d more than once, rtive is deceased, een reared by son nem, as well as yo iture, completed in CLUDING MIDDLI Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for C INITIALS), COMI Relationsh City/State Supervisor/Co-Wor Relationship City/State/	n concerning e ed and indica the requeste ingaged to be your future specification of the requeste ingaged to be your future specification of the requeste ingaged to be your future specification of the requeste in the reque	each former te last reside d information married or d pouse.	husband or wence and years should be fuce the function of the	ife. Even r of death. rnished marriage
All applicants been marrie though a relatif you have beconcerning the concerning the in the near full COMPLETE NAME, INCOMPLETE NAME, INCOMPLE	s must give comple d more than once, rtive is deceased, een reared by son een, as well as yo iture, completed in CLUDING MIDDLE Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for C INITIALS), COMI Relationsh City/State Supervisor/Co-Work City/State/Supervisor/Co-Work City/State/Supervisor/Co-Work	n concerning e ed and indica the requeste ingaged to be your future specification of the requeste ingaged to be your future specification of the requeste ingaged to be your future specification of the requeste in the reque	each former te last reside d information married or d couse.	husband or wence and years should be functionally for the should be functionally functionali	ife. Even r of death. rnished marriage
All applicants been marrie though a rela if you have b concerning th in the near fu COMPLETE NAME, INC Name Birth Date Doccupation and Employ Name Birth Date	s must give comple d more than once, rtive is deceased, een reared by son nem, as well as yo rture, completed in CLUDING MIDDLE Birthplace er Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State Supervisor/Co-Work Relationship Relationship Relationship	n concerning ed and indica the requester ingaged to be your future specified by the requester ingaged to be your future specified by the your future specified by	each former te last reside d information married or coouse. ESS	husband or wence and years a should be functional from the should	ife. Even r of death. rnished marriage
All applicants been marrie though a relatif you have beconcerning thin the near full COMPLETE NAME, INCOMPLETE NAME, INCOMPLE	s must give comple d more than once, rtive is deceased, een reared by son nem, as well as yo iture, completed in CLUDING MIDDLE Birthplace er Birthplace	give the re give all the neone other ur natural p formation in E NAME (N	quested information information request than your parents, arents. If you are enust be included for O INITIALS), COMI Relationsh City/State Supervisor/Co-Work City/State/ City/State/ City/State/ City/State/ City/State/ City/State/	concerning ed and indica the requester ingaged to be your future specified by the requester ingaged to be your future specified by the requester ingaged to be your future specified by the results of the requester in the request	each former te last reside d information married or coouse. ESS	husband or wence and years a should be fue to the fue t	ife. Even rof death. rnished marriage

	n If I anally Consent	ed, where is the record located (0	City/State/County)
ountry of Citizenship	Date Married	Place Married	State
		narriages, etc., and show all date	
		Place Married	
		Social Security #	
		Date of Birth	
CURRENT SPOUSE - Please	complete the following about	your current spouse:	
5. MARITAL STATUS. 1 - Never Married (go to	question 16)2 – Ma	show your current marital status: rried3 – Separated	4 – Legally Separated
	Supen	risor/Co-Worker	Tel. #
Street Address		City/State/Zip	
Birth Date	Birthplace	Tel. #	· · · · · · · · · · · · · · · · · · ·
Name		Relationship to You	
Occupation and Employer	Super	visor/Co-Worker	Tel. &
Street Address		City/State/Zip	
		Tel. #	
Name		Relationship to You	
Occupation and Employer	Supe	rvisor/Co-Worker	Tel. #
Street Address		City/State/Zip	
Birth Date	Birthplace	Tel. #	
Name		Relationship to You	
Occupation and Employer_	Supe	rvisor/Co-Worker	Tel. &
Street Address		City/State/Zip	
Birth Date	Birthplace	Tel, ∉	
		Relationship to You	
Occupation and Employer_	Sup	ervisor/Co-Worker	Tel. #
Street Address	***	City/State/Zip	
Birth Date	Birthplace	Tel. #	
Name		Relationship to You	

Full Name			Date of Birth	
Place of Birth (in	clude Country if outside U	S)	Social Security	#
			Place Married	
Check one of the	1451		ivorced, where is the record loc	
Address of Form	er Spouse (Street, City an	d Country if outside	of US)	
16. PERSO	ONS RESIDING WITH YO	U ner than your spous	e or relatives indicated in ques	
Name of Person			Relationship	
			-	
A. Have If "Y Date	ES* provide: e of Discharge	than an honorable Type of Disc	discharge from the military?	YESNO
B. Was	ES", complete the followin	g:	you write in the service	
Mon	th/Yr. Charge or Specific	ation/Action Taken	Place (City and County	/Country if outside US)

Has any If "YES", condition 1 - Fired nfavorable circum	s other than favorable and from a lob: 2 - Quit a lob:	it occurrence and g if other information after being told you mutual agreement t	o backward, providing the date requested: would be fired; 3 – Left a job b following allegations of unsatisf	y mutual agreement under
onth/yr. Code	Specify Reason	Em	ployer's Name and Address (C	ity, State, Zip Code)
·				
POLICE R ployment with a s inquiry herein rela ployment may an inquency, or as a	ECORD (Do not include a ealed record on file with the stive to prior arrests, crimin swer "NO RECORD" with child in need of services, v	anything that happe he Commissioner o hal court appearant respect to prior arro which did not result	ened before your 17 th birthday.) f Probation may answer "NO R ces or convictions. In addition, ests, court appearances and ac in a complaint, transferred tot	An applicant for ECORD* with respect to any applicant for light for the light for the light for the light for light for light for the light for li
ninal prosecution	(see MGL c276, s100A, S	1000).		

following misde peace)? C. Have you conviction for an disturbance of the D. If the answer	meanors: drunkenness, simpompleted a period of incarce ny of the following misdemea the peace)? If to question C. above, is "ve	ole assault, speeding, min- ration within the past five mors: drunkenness, simpless, simpless, please state whether y	ears (other than a first conviction for any of the or traffic violations, affray or disturbance of theYESNO
offenses (other minor traffic viol 19a. MISS	than a first conviction for any ations, affray or disturbance	of the following misdeme of the peace)? ever been reported to a lay	anors: drunkenness, simple assault, speeding, YESNO w enforcement agency as a missing person or a
Date .	Law Enforcement Agend		
manufactured ar narcotics, opium methaqualorte, this question Will If "YES", provide	ny illegal drugs? When used, morphine, codeine, heroin, ranquilizers, etc.), hallucinog LL NOT be provided for use in the best of the bes	without a prescription, ille etc.), stimulants (cocaine, enics (LSD, PCP, etc). N in any criminal proceeding ng to the types of substan	5) years, have you used, possessed, supplied or gal drugs include marijuana, cocaine, hashish, amphetamines, etc.), depressants (barbiturates, OTE: The information you provide in response to is against you. YESNO ce(s), the nature of the activity, and any other
Month√yr.	your involvement with illega Type of Substance	Explanation	
A. To t	e or law enforcement agency	, ever investigated your b	Massachusetts or the United States Government ackground? YES NO
or have you ever b	our knowledge, have you evo been debarred from Governm of action and agency	er had a clearance or acco	ess authorization denied, suspended or revoked,YESNO
Month/yr. Departm	nent or Agency	Month/yr.	Department or Agency
for bankruptcy, bee	en declared bankrupt, been s or, provide the date of initial a	ubject to a tax lien, or had action and other information	a company of which you own 10% or more, filed degal judgement rendered against it for a debt? on requested below: YESNO ess of Court Handling case (State/Zip)

•	Type of	Loan or obl	igation (Account 都)	Name/Address of Creditor	or Obligee (State/Zip)
		· · · · · · · · · · · · · · · · · · ·			
			e principal outstanding bal a guarantor:	ance exceeds \$1,000.00, and	on which you are individually or
Lender	-	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
	. Are ther		agreements entered into	court regarding child support/al	limony?YESNO
	. If "YES" . If "YES"	to question	1, are the orders/agreeme 1, have there been any pr	ents being fulfilled to their fulles evious problems in fulfilling the	
If and penaltie	you answ	greements? ered "YES"	to 1, 2, or 3 above, explain	n you answer(s) in the space b	elow (include court, Judgement,
	COME TA		usetts Tax Returns been fi	led on time for the last seven (7) years?YESNO
A. B. C.	Have you Have you Are you	ur Massachu ur Federal T delinguent o	ax Returns been filed on t n any State or Federal Ta o C, or "NO" to A or B abo	ime for the last seven (7) years	YESNO
A. B. C.	Have you Have you Are you	ur Massachu ur Federal T delinguent o	ax Returns been filed on t n any State or Federal Ta	ime for the last seven (7) years x liabilities?	YESNO
BUS Do y 2. A 3. J	Have you have you answer	ur Massachu ur Federal Ti delinquent o red "YES" to VVOLVEME ntly own, or y? hip (include ure	ax Returns been filed on t n any State or Federal Ta o C, or "NO" to A or B abo	ime for the last seven (7) years x liabilities? ve, explain your answer(s) in the	YESNOYESNOYESNONOYESNONONONONONONON
. BUS Do y 1. A 3. J	SINESS II you proper A Compara A Partners oint Vento	r Massachur Federal Tidelinquent or red "YES" to VOLVEME ntly own, or y? hip (include prise	ax Returns been filed on ton any State or Federal Table C, or "NO" to A or B about to A or B a	ime for the last seven (7) years x liabilities? ve, explain your answer(s) in the ears have you owned more the ship)	TYESNOYESNOYESNONOYESNONONONONOYESNOYESNOYESNOYESNO
. BUS Do y 1. A 2. A 4. J	SINESS II you present a Partners oint Enter u answer	r Massachur Federal Tidelinquent or red "YES" to VOLVEME ntly own, or y? hip (include prise	ax Returns been filed on ton any State or Federal Table C, or "NO" to A or B about to A or B a	ime for the last seven (7) years x liabilities? ve, explain your answer(s) in the ears have you owned more the ship)	an 10% of the following: YESNO YESNO He space provided below: An 10% of the following: YESNO YESNO YESNO
BUS Do y 1. A 2. A 3. J If you	SINESS II you present a Partners oint Enter u answer	r Massachur Federal Tidelinquent or red "YES" to VOLVEME ntly own, or y? hip (include prise	ax Returns been filed on ton any State or Federal Table C, or "NO" to A or B about to A or B a	ime for the last seven (7) years x liabilities? ve, explain your answer(s) in the ears have you owned more the ship)	an 10% of the following: YES NO YES NO He space provided below: YES NO YES NO YES NO YES NO
BUS Do y 1. A 2. A 3. J 4. July you	SINESS II you prese A Compan A Partners oint Enter u answerdess	ar Massachu ar Federal Ti delinquent or red "YES" to VOLVEME ntly own, or y? hip (include ure prise ed "YES", pr	ax Returns been filed on ton any State or Federal Table C, or "NO" to A or B about to A or B a	ime for the last seven (7) years it liabilities? ve, explain your answer(s) in the ears have you owned more that ship) stion below: ty/Zip)	an 10% of the following: YES NO YES NO He space provided below: YES NO YES NO YES NO YES NO

Agency	Nature of Business Conducted	
B. Do you or any member interest in any business entity (include	r of your immediate family (spouse or child) presently have a de general or limited partnership, joint venture or enterprise)?	greater than 10% equi
If you answered "YES", to B above,	provide the information required in the space provided below:	•
Name of Business	Location (Address/City/Zip)	Percentage Owne
Who owns the Business Interest?	Nature of Business Conducted	***************************************
B. Have there been any cive Years favorable or adver	re, explain your answer(s) in the space below (If known, inclu-	YESNO YESNO de: court(s), case
ate? If "YES", submit with this form a B. Have any proceedings be nother state? C. To your knowledge, have enses or registrations you possess? D. To your knowledge, have embership in any professional or trade. E. Do you presently have any regulatory agency or board? F. Within the past seven (7) yency or board?	ancial disclosure form with the State Ethics Commission or a sacopy of your most recent submission. I copy of your most recent submission. I copy of your most recent submission or a set instituted against you by the State Ethics Commission or a any complaints or disciplinary actions been filed against you any complaints or disciplinary actions been filed against you association(s)? I y business, hearings, complaints, or claims or any other matter years, have you had any business hearing, complaint or claim	YES NO a similar body in YES NO with regard to any YES NO with regard to your YES NO ers pending before YES NO with any regulatory YES NO
A. Have you ever filed a fina ate? If "YES", submit with this form a B. Have any proceedings be other state? C. To your knowledge, have enses or registrations you possess? D. To your knowledge, have embership in any professional or trade E. Do you presently have any regulatory agency or board? F. Within the past seven (7) yency or board?	ancial disclosure form with the State Ethics Commission or a sacopy of your most recent submission. Len instituted against you by the State Ethics Commission or a sany complaints or disciplinary actions been filed against you any complaints or disciplinary actions been filed against you a sacociation(s)? The base of the base of the state of the sacociation of the sacoci	YESNO a similar body inYESNO with regard to anyYESNO with regard to yourYESNO ers pending beforeYESNO n with any regulatoryYESNO
A. Have you ever filed a fina ate? If "YES", submit with this form a B. Have any proceedings be other state? C. To your knowledge, have enses or registrations you possess? D. To your knowledge, have embership in any professional or trade E. Do you presently have any regulatory agency or board? F. Within the past seven (7) yency or board?	ancial disclosure form with the State Ethics Commission or a sacopy of your most recent submission. I copy of your most recent submission. I copy of your most recent submission or a set instituted against you by the State Ethics Commission or a any complaints or disciplinary actions been filed against you any complaints or disciplinary actions been filed against you association(s)? I y business, hearings, complaints, or claims or any other matter years, have you had any business hearing, complaint or claim	YESNO a similar body inYESNO with regard to anyYESNO with regard to yourYESNO ers pending beforeYESNO n with any regulatoryYESNO

B. Pleas	e list other states where y	you have been a licensed mo	tor vehicle operator:	
License Number		State		
License Number		State		
	please explain (include w	driver's license by any state? hen, where and why) umstances		YESNO
If "YES",	provide details below (incl	ever been suspended or revo lude, why, when, length of tin	ne taken away):	
E. Have	you received any traffic cit	tations (exclude parking ticke	ets) within the last seven (7	
Nature of violation	Location (City/s	•		aken
F. Have y	ou ever been involved, as	a driver of a motor vehicle, in accident in the spaces belo	in an accident within the la	
F. Have y	ou ever been involved, as	a driver of a motor vehicle, i	in an accident within the la	st seven (7) years? YESNO
F. Have y	ou ever been involved, as	a driver of a motor vehicle, in accident in the spaces belo	in an accident within the la	st seven (7) years? YESNO
F. Have your fire of the second of the secon	ou ever been involved, as ease give details for each ocation (City/State)	a driver of a motor vehicle, in accident in the spaces belo	in an accident within the la w: Investigating Police	st seven (7) years? YESNO
F. Have your fonthy/Day/Year L G. Have you	ou ever been involved, as ease give details for each ocation (City/State)	a driver of a motor vehicle, in accident in the spaces belo	in an accident within the la w: Investigating Police	st seven (7) years?YESNO Agency, if anyYESNO
F. Have your formula of the second of the se	ease give details for each cocation (City/State) ou ever applied for a perm possess any other license ovide the information requ License Number	a driver of a motor vehicle, in accident in the spaces belo Injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(in an accident within the la w: Investigating Police	st seven (7) years?YESNO Agency, if anyYESNO
F. Have your formula of the control	ease give details for each ocation (City/State) ou ever applied for a permossess any other license ovide the information requirements of the second of the consecutive of the consecuti	a driver of a motor vehicle, in accident in the spaces belo Injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(ulired below:	In an accident within the law: Investigating Police ard? s) such as Firearms, Profe	st seven (7) years?YESNO Agency, if anyYESNO
F. Have your formula of the control	ease give details for each ocation (City/State) ou ever applied for a permossess any other license ovide the information requiremse Number	a driver of a motor vehicle, in accident in the spaces belo Injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(ulired below:	In an accident within the law: Investigating Police ard? s) such as Firearms, Profe	st seven (7) years?YESNO Agency, if anyYESNO
F. Have your formula of the state of License of State	ease give details for each cocation (City/State) ou ever applied for a permossess any other license by the information requirement of the information requ	a driver of a motor vehicle, in accident in the spaces belo injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(usired below:	In an accident within the law: Investigating Police ard? s) such as Firearms, Profe	st seven (7) years?YESNO Agency, if anyYESNO
F. Have your formula of the state of the sta	ease give details for each cocation (City/State) ou ever applied for a permossess any other license ovide the information requirement of the composition of the information of the composition of the comp	a driver of a motor vehicle, in accident in the spaces belo injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(suired below: Date Issued	in an accident within the law: Investigating Police ard? (s) such as Firearms, Profe	st seven (7) years?YESNO Agency, if anyYESNO essional,YESNO
F. Have your formula of the state of the sta	ease give details for each ocation (City/State) ou ever applied for a permossess any other license by License Number Issuing Agency (i	a driver of a motor vehicle, in accident in the spaces beloe Injuries (yes or no) Injur	In an accident within the law: Investigating Police ard? S) such as Firearms, Profe	st seven (7) years?YESNO Agency, if anyYESNO essional,YESNO
F. Have your formula of the state of the sta	ease give details for each ocation (City/State) ou ever applied for a permossess any other license by License Number Issuing Agency (i	a driver of a motor vehicle, in accident in the spaces belo injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(suired below: Date Issued	In an accident within the law: Investigating Police ard? S) such as Firearms, Profe	st seven (7) years?YESNO Agency, if anyYESNO essional,YESNO
F. Have your formula of the state of the sta	ease give details for each ocation (City/State) ou ever applied for a perm possess any other license ovide the information requirement of the control of th	a driver of a motor vehicle, in accident in the spaces belo Injuries (yes or no) Injuries (yes or no) Init to carry a firearm or FID care(s) permit(s), or registration(ulired below: Date Issued Include address)	Investigating Police Investigating Police ard? Date of Expiration	st seven (7) years?YESNO Agency, if anyYESNO essional,YESNO
F. Have your formula of the second of the se	ease give details for each ocation (City/State) ou ever applied for a perm possess any other license ovide the information requirement of the control of th	a driver of a motor vehicle, in accident in the spaces belo Injuries (yes or no) init to carry a firearm or FID care(s) permit(s), or registration(ulired below: Date Issued include address)	Investigating Police Investigating Police ard? Date of Expiration	st seven (7) years?YESNO Agency, if anyYESNO ssional,YESNO

		Owner	Relationship (self, spouse, etc.)
30. REFERENCES) people who know you "PRC		n attest to your qualifications and fitr
Full name of Reference	Telephone Number	Address	Relationship
3			Kelauoristiip
	o know you "PERSONALLY		ualifications and fitness for the posi
ull name of Reference	Telephone Number	Address	Relationship
•			Kelabonship
CONTINUATION puld like to add. If more such your Name and Social	SPACE. Use the space belo pace is needed than what is Security Number, Identify th	ow to continue answers to provided below, use a bla e number of the question.	o all questions and any information y ank sheet(s) of paper. Start each st
CONTINUATION could like to add. If more s th your Name and Social	SPACE. Use the space belongace is needed than what is Security Number, Identify the security Number is security Number.	ow to continue answers to provided below, use a bla e number of the question.	o all questions and any information and sheet(s) of paper. Start each sh
CONTINUATION could like to add. If more s th your Name and Social	SPACE. Use the space belongate is needed than what is Security Number, Identify the	ow to continue answers to provided below, use a bla e number of the question.	o all questions and any information y ank sheet(s) of paper. Start each st
CONTINUATION could like to add. If more s th your Name and Social	SPACE. Use the space belongace is needed than what is Security Number, Identify the security Number, Identify Number, Identi	ow to continue answers to provided below, use a bla e number of the question.	o all questions and any information y ank sheet(s) of paper. Start each sh
CONTINUATION could like to add. If more s th your Name and Social er completing this form an inplete and accurate, and we read each question as ins form including but not	SPACE. Use the space belopace is needed than what is Security Number, Identify the day attachments, you shouthen sign and date the follow Certification that the of me and understand extending the space of the space	ow to continue answers to provided below, use a bla e number of the question. uld review your answers to ring certification:	o all questions and any information yank sheet(s) of paper. Start each sh
continuation out of the completing this form an accurate, and social accurate, and the completion as form including but not de in good faith.	SPACE. Use the space belopace is needed than what is Security Number, Identify the day attachments, you shouthen sign and date the follow Certification that the of me and understand extending the space of the space	ow to continue answers to provided below, use a bla e number of the question. Uld review your answers to ing certification: It my answers are true: ach question. My stateme, and correct to the best of	o all questions and any information yank sheet(s) of paper. Start each show the sheet of all questions to make sure the formation on this form and any attachments of my knowledge and belief and are
continuation out of the completing this form an accurate, and social accurate, and the completion as form including but not de in good faith.	SPACE. Use the space belopace is needed than what is Security Number, Identify the day attachments, you shouthen sign and date the follow Certification that iked of me and understand elimited to a resume', are true	ow to continue answers to provided below, use a bla e number of the question. Uld review your answers to ing certification: It my answers are true: ach question. My stateme, and correct to the best of	o all questions and any information yank sheet(s) of paper. Start each sheet all questions to make sure the formants on this form and any attachments of my knowledge and belief and are
continuation out of the completing this form an accurate, and social accurate, and the completion as form including but not de in good faith.	SPACE. Use the space belopace is needed than what is Security Number, Identify the day attachments, you shouthen sign and date the follow Certification that iked of me and understand elimited to a resume', are true	ow to continue answers to provided below, use a bla e number of the question. Uld review your answers to ing certification: It my answers are true: ach question. My stateme, and correct to the best of	o all questions and any information yank sheet(s) of paper. Start each sheet all questions to make sure the formants on this form and any attachments of my knowledge and belief and are
continuation out of the completing this form an accurate, and social accurate, and the completion as form including but not de in good faith.	SPACE. Use the space belopace is needed than what is Security Number, Identify the day attachments, you shouthen sign and date the follow Certification that iked of me and understand elimited to a resume', are true	ow to continue answers to provided below, use a bla e number of the question. Uld review your answers to ing certification: It my answers are true: ach question. My stateme, and correct to the best of	o all questions and any information yank sheet(s) of paper. Start each sheet all questions to make sure the formants on this form and any attachments of my knowledge and belief and are
continuation out of the completing this form an accurate, and social accurate, and the completion as form including but not de in good faith.	SPACE. Use the space belopace is needed than what is Security Number, Identify the day attachments, you shouthen sign and date the follow Certification that iked of me and understand elimited to a resume', are true	ow to continue answers to provided below, use a bla e number of the question. Uld review your answers to ing certification: It my answers are true: ach question. My stateme, and correct to the best of	o all questions and any information yank sheet(s) of paper. Start each sheet of paper and any information yank sheet (s) of paper. Start each sheet of paper and any attachments on this form and any attachments on this form and any attachments.